

WEEKLY WORKSHEET

Week of:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time							
Blood Sugar							
Dose							
Time							
Blood Sugar							
Dose							
Time							
Blood Sugar							
Dose							
Weight							
Meds Taken (Y/N)							
Foot Check (Y/N)							
Daily Calories							
Exercise (in minutes)							
Notes							

Questions to ask next visit: _____
